



**Immediately notify
DOH Communicable
Disease Epidemiology
Phone: 877-539-4344**

LHJ Use ID _____
☐ Reported to DOH Date ____/____/____
LHJ Classification ☐ Confirmed
☐ Probable
By: ☐ Lab ☐ Clinical
☐ Other: _____
Outbreak # (LHJ) _____ (DOH) _____

DOH Use ID _____
Date Received ____/____/____
DOH Classification
☐ Confirmed
☐ Probable
☐ No count; reason: _____

Botulism, foodborne

County _____

REPORT SOURCE

Initial report date ____/____/____

Reporter (check all that apply)

☐ Lab ☐ Hospital ☐ HCP

☐ Public health agency ☐ Other

OK to talk to case? ☐ Yes ☐ No ☐ Don't know

Investigation
start date:
____/____/____

Reporter name _____

Reporter phone _____

Primary HCP name _____

Primary HCP phone _____

PATIENT INFORMATION

Name (last, first) _____

Address _____ ☐ Homeless

City/State/Zip _____

Phone(s)/Email _____

Alt. contact ☐ Parent/guardian ☐ Spouse ☐ Other Name: _____

Phone: _____

Occupation/grade _____

Employer/worksite _____ School/child care name _____

Birth date ____/____/____ Age _____

Gender ☐ F ☐ M ☐ Other ☐ Unk

Ethnicity ☐ Hispanic or Latino
☐ Not Hispanic or Latino

Race (check all that apply)

☐ Amer Ind/AK Native ☐ Asian

☐ Native HI/other PI ☐ Black/Afr Amer

☐ White ☐ Other

CLINICAL INFORMATION

Onset date: ____/____/____ ☐ Derived Diagnosis date: ____/____/____ Illness duration: _____ days

Signs and Symptoms

Y N DK NA

- ☐ ☐ ☐ ☐ **Swallowing or speech difficulty**
☐ ☐ ☐ ☐ **Eyelids drooping (ptosis)**
☐ ☐ ☐ ☐ **Vision blurred or double**
☐ ☐ ☐ ☐ Breathing difficulty or shortness of breath
☐ ☐ ☐ ☐ Diarrhea Maximum # of stools in 24 hours: ____
☐ ☐ ☐ ☐ Constipation

Predisposing Conditions

Y N DK NA

- ☐ ☐ ☐ ☐ Preexisting injury, wound, or break in skin
☐ ☐ ☐ ☐ Gastric surgery or gastrectomy in past

Clinical Findings

Y N DK NA

- ☐ ☐ ☐ ☐ **Cranial nerve abnormalities (bulbar weakness)**
☐ ☐ ☐ ☐ **Respiratory distress**
☐ ☐ ☐ ☐ **Paralysis or weakness**
☐ Acute flaccid paralysis ☐ Asymmetric
☐ Symmetric ☐ Ascending ☐ Descending
☐ ☐ ☐ ☐ Abscess or infected lesion
☐ ☐ ☐ ☐ Mechanical ventilation or intubation required during hospitalization
☐ ☐ ☐ ☐ Admitted to intensive care unit

Hospitalization

Y N DK NA

☐ ☐ ☐ ☐ Hospitalized for this illness

Hospital name _____

Admit date ____/____/____ Discharge date ____/____/____

Y N DK NA

☐ ☐ ☐ ☐ Died from illness Death date ____/____/____
☐ ☐ ☐ ☐ Autopsy Place of death _____

Laboratory

Collection date ____/____/____

P = Positive O = Other, unknown
N = Negative NT = Not Tested
I = Indeterminate

P N I O NT

☐ ☐ ☐ ☐ ☐ **Botulinum toxin detection (serum, stool or food)**

☐ Serum ☐ Stool ☐ Food

☐ ☐ ☐ ☐ ☐ **C. botulinum culture (stool)**

☐ ☐ ☐ ☐ ☐ Food specimen submitted for testing

Toxin type: ☐ A ☐ B ☐ C ☐ D ☐ E
☐ F ☐ G ☐ Unknown

NOTES

INFECTION TIMELINE

Enter onset date/time
(first sx) in heavy box.
Count backward to
determine probable
exposure period

Hours from
onset:

Exposure period

- 168 -12

o
n
s
e
t

Calendar date/time:

EXPOSURE (Refer to dates above)

Y N DK NA

- ☐ ☐ ☐ ☐ Travel out of the state, out of the country, or
outside of usual routine
Out of: ☐ County ☐ State ☐ Country
Dates/Locations: _____

- ☐ ☐ ☐ ☐ Does the case know anyone else with similar
symptoms or illness
- ☐ ☐ ☐ ☐ **Epidemiologic link (e.g. ingestion of same food
eaten by person with lab-confirmed botulism)**
- ☐ ☐ ☐ ☐ **Epidemiologic link (e.g. ingestion of a home-
canned food within the previous 48 hours)**
- ☐ ☐ ☐ ☐ Home-canned food
- ☐ ☐ ☐ ☐ Dried, preserved, or traditionally prepared meat
(e.g. sausage, salami, jerky)
- ☐ ☐ ☐ ☐ Preserved, smoked, or traditionally prepared fish
- ☐ ☐ ☐ ☐ Vacuum packed (modified atmosphere packaging)
foods
- ☐ ☐ ☐ ☐ Foods stored in oil (e.g. garlic, sun dried
tomatoes)

- ☐ Patient could not be interviewed
- ☐ No risk factors or exposures could be identified

Most likely exposure/site: _____

Y N DK NA

- ☐ ☐ ☐ ☐ Group meal (e.g. potluck, reception)
- ☐ ☐ ☐ ☐ Food from restaurants
- Restaurant name/Location: _____

Y N DK NA

- ☐ ☐ ☐ ☐ **Suspected exposure to botulism
contaminated food**
- ☐ ☐ ☐ ☐ Known contaminated food product
- ☐ Asparagus ☐ Karo syrup ☐ Salsa
- ☐ Beans ☐ Mushrooms ☐ Spinach
- ☐ Beets ☐ Peas ☐ Swiss Chard
- ☐ Corn ☐ Peppers ☐ Tomatoes
- ☐ Honey ☐ Potatoes ☐ Unknown
- ☐ Other: _____

Food processing method:

- ☐ Home canned ☐ Commercially canned
- ☐ Fermented ☐ Boiled
- ☐ Unknown ☐ Other: _____

Y N DK NA

- ☐ ☐ ☐ ☐ Non-injection street drug use
- ☐ ☐ ☐ ☐ Injection street drug use
- Injection street drug use type: _____
- ☐ ☐ ☐ ☐ Source of Botulism exposure identified
- Specify: _____

Site name/address: _____

Where did exposure probably occur? ☐ In WA (County: _____) ☐ US but not WA ☐ Not in US ☐ Unk

PATIENT PROPHYLAXIS AND TREATMENT

Botulism antitoxin given ☐Y ☐N ☐DK ☐NA Date/time given: ____/____/____ AM / PM

PUBLIC HEALTH ISSUES

Y N DK NA

- ☐ ☐ ☐ ☐ Outbreak related

PUBLIC HEALTH ACTIONS

- ☐ Initiate trace-back investigation
- ☐ Referral to physician
- ☐ Follow-up of others who ate suspect food
- ☐ Referral of suspect food to regulatory agency
- ☐ Restaurant inspection
- ☐ Education on proper canning technique provided
- ☐ Other, specify: _____

NOTES

Investigator _____ Phone/email: _____

Investigation complete date ____/____/____

Local health jurisdiction _____

Record complete date ____/____/____